

Know Your Rights and Responsibilities

Your Rights

Fair treatment

- WIC treats everybody the same regardless of race, color, national origin, ancestry, sex, religion, age, marital status, sexual orientation or disability.

- You can ask for a fair hearing if you don't agree with a decision about your WIC eligibility.

Common courtesy and confidentiality

- WIC will treat you with courtesy and respect.
- WIC will keep all information you provide confidential.

You will get:

WIC checks

- Checks to buy healthy foods for each participant. WIC does not give all the food or formula you need.

Nutrition and breastfeeding information

- Helpful tips for healthy eating and active living.
- Support and help with breastfeeding.

Referrals

- Help finding a doctor and immunizations for your child.
- Help finding other services that you may need.

Your Responsibilities

WIC approved foods

- Use your checks at WIC approved grocery stores.
- Bring your WIC ID Folder to the grocery store.

- Buy only the foods listed on your checks.

- Use the foods only for the person on the program.

- **Do not sell, trade or attempt to sell or trade your WIC checks or WIC food.**

Go to one WIC office at a time

- Get checks from only one WIC office or agency at a time.

- Choose WIC or CSFP (Commodity Supplemental Food Program). A person cannot be on both programs at the same time.

Keep WIC appointments

- Come to your appointments or call ahead when you need to reschedule.

- Bring your WIC ID Folder to all WIC appointments.

- Bring all requested documents to your appointments.

Provide truthful and current information

- Report any changes in your income, family size, address, phone, or eligibility for Medi-Cal or CalWORKS.

Be courteous

- Treat WIC and grocery store staff with courtesy and respect.
- Do not physically harm or threaten to physically harm anyone in the WIC office or grocery store.

I understand my rights:

- Standards for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, or sexual orientation.
- You may appeal any decision made by the local agency regarding your eligibility for the Program.
- The local agency will make health services and nutrition education available to you, and you are encouraged to participate in these services.

I understand my responsibilities:

- You are responsible to buy WIC approved foods.
- You cannot sell, trade or attempt to sell or trade your WIC checks or WIC foods verbally, in print or online.
- You must provide current and truthful eligibility information.
- You must not physically harm or threaten to physically harm anyone in the WIC office or grocery store.

I have been advised of my rights and responsibilities under the WIC Program. I certify that the information and documents I have provided for my eligibility determination are true and correct, to the best of my knowledge and belief. This declaration form is being submitted in connection with the receipt of Federal assistance. Program officials may verify information provided. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of the food benefits improperly issued to me, my family, or my designated alternates, and may subject me to civil or criminal prosecution under State and Federal law.

Signature of participant/patient/caretaker:

Date

Family/individual ID